



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
Telephone No.: (619) 531-2250



Massage Trainee / Therapist / Off Premise Individual & Off Premise Business

San Diego Municipal Code (SDMC), Section 33.0101(c) states you must have a valid Police Permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to massage. Copies of the Massage Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Tel. No.: (619) 533-4000 or via the City's website: www.sannet.gov / (Department, City Clerk, Documents, Municipal Code) [SDMC Chapter 3, Article 3, Division 35 and Divisions 1-5](#).

TYPES OF MASSAGE PERMITS:

- **MASSAGE TRAINEE** (Student Permit) - Requires a minimum of 200 hours of training. Massage trainees may provide off-premise massage only when the employer is on the premises where the services are provided. A massage trainee is employed by a massage establishment, or falls under an exempt individual or is employed by a Holistic Health Practitioner Business. This permit is valid for two years and is **not** renewable.
- **MASSAGE THERAPIST** - Requires a minimum of 500 hours and NCBTMB or NCCAOM National Certification. The massage therapist permit is not a license to operate a massage establishment. A massage therapist must be employed by a massage establishment, or fall under an exempt individual or be employed by a Holistic Health Practitioner Business. This permit is valid for one year.
- **MASSAGE THERAPIST OFF PREMISE INDIVIDUAL** - means the business of providing massage services by appointment at a location other than a fixed location e.g., a *massage establishment*. It includes *massage therapists* who provide *off-premise massage* services and who are self-employed and/or who contract with or work for a business other than a massage establishment.
- **MASSAGE OFF PREMISE BUSINESS** - Any person desiring to operate an off-premise massage business but who will not personally provide massage services may obtain an off-premise massage business permit provided they meet all the application requirements, except the educational requirements, and the person does not possess an outcall nude entertainment business or outcall nude entertainer permit.)

YOU MUST PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR A POLICE PERMIT.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

MASSAGE TRAINEE INFORMATION

- **APPLICATION** and **STATEMENT OF UNDERSTANDING** (attached).
- **TRANSCRIPTS** – Satisfactory proof of completion of 200 hours of instruction from any state-approved school in a massage specialty and a therapeutic approach in caring for clients. **The applicant must provide proof that the school or schools attended by the applicant were state-approved schools (United States).**

MASSAGE TRAINEE INFORMATION - CONT'D

- **LETTER OF INTENT TO EMPLOY** - A letter from the applicant's prospective employer stating that person or business intends to employ the applicant as a **massage trainee**. The letter has to be from a permitted massage establishment or an exempt individual.
- **LIVE SCAN FINGERPRINTS** are required for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. **The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your fingerprints were taken.**
- **IDENTIFICATION** - Valid government issued picture identification card (i.e., driver's license or military I.D., passports are an acceptable form of identification.)
- **FEES** - Cash, personal check, cashier's check or money order in the amount of **\$692.00**. This fee includes payment of the regulatory fee for \$573.00, which includes the cost of \$40.05 for County of San Diego's written and practical exam; the investigation fee of \$104.00; and the photo I.D. card fee of \$15.00. Make checks payable to the *City Treasurer*.
- **HEALTH DEPARTMENT EXAMS** - You must take the County Health Department's written and practical exam for massage. A San Diego County Health Department form letter will be provided to you when your application is accepted. The exam must be taken within **twenty (20) days** of the date your application is submitted to the Permits and Licensing Unit. The results of the exam must be returned to the Permits and Licensing Unit within thirty (30) days of the application being submitted to the Permits and Licensing Unit.

MASSAGE THERAPIST

- **APPLICATION** and **STATEMENT OF UNDERSTANDING** (attached).
- **TRANSCRIPTS** - Satisfactory proof of completion of 500 hours of instruction from any state-approved school in a massage specialty and a therapeutic approach in caring for clients. The applicant must provide proof that the school or schools attended by the applicant were state-approved schools (United States)
- **NATIONAL CERTIFICATION EXAM** - Proof of successful completion of the National Certification Exam administered by NCBTMB or NCCAOM.
- **LIVE SCAN FINGERPRINTS** are required for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. **The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.**
- **IDENTIFICATION** - Valid government issued picture identification card (i.e., driver's license or military I.D., passports are an acceptable form of identification.)
- **FEES** - Cash, personal check, cashier's check or money order for **\$356.00**. This fee includes payment for the regulatory fee of \$237.00, investigation fee \$104.00; and photo I.D. card of \$15.00. Please make checks payable to the *City Treasurer*.

MESSAGE THERAPIST / OFF PREMISE INDIVIDUAL

- **APPLICATION, BUSINESS ADDENDUM** and **STATEMENT OF UNDERSTANDING** (attached).
- **Original Transcripts** – showing completion of 500 hours of instruction from any U.S. state-approved school in a massage specialty and a therapeutic approach in caring for clients. **The applicant must provide proof that the school attended by the applicant is a state-approved school.**
- **NATIONAL CERTIFICATION EXAM** – Proof of successful completion of the National Certification Exam administered by NCBTMB or NCCAOM
- **BUSINESS TAX CERTIFICATE (BTC)** - A copy of your current BTC from the San Diego City Treasurer's Office, 1200 Third Avenue (1st Floor), San Diego, CA 92101 at (619) 615-1500.
- **LIVE SCAN FINGERPRINTS** are **required** for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. **The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.**
- **IDENTIFICATION** - Valid government issued picture identification card (i.e., driver's license or military I.D., passports are an acceptable form of identification.)
- **FEES** - Cash, personal check, cashier's check or money order for **\$908.00**. This includes the massage therapist regulatory fee of \$237.00, massage therapist off-premise fee of \$552.00, application fee of \$104.00, and photo ID fee \$15.00. Please make checks payable to the City Treasurer.

MESSAGE OFF PREMISE BUSINESS

- **APPLICATION, BUSINESS ADDENDUM** and **STATEMENT OF UNDERSTANDING** (attached). For Off-Premise Business Permits – Education requirements are not needed. Massage Off-Premise Business Permits are issued to owners that do not personally provide Massage Services.
- **BUSINESS TAX CERTIFICATE (BTC)** - A copy of your current BTC from the San Diego City Treasurer's Office, 1200 Third Avenue (1st Floor), San Diego, CA 92101 at (619) 615-1500.
- **LIVE SCAN FINGERPRINTS** are required for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.
- **IDENTIFICATION** - Valid government issued picture identification card (i.e., driver's license or military I.D., passports are an acceptable form of identification.)
- **FEES** - Cash, personal check, cashier's check or money order for **\$671.00**. This includes the off premise regulatory fee of \$552.00, application fee of \$104.00, and photo ID fee of \$15.00. Please make checks payable to the City Treasurer.

PLEASE NOTE: In order to legally perform a massage, you must be in possession of a valid police department-issued permit. You must also have an off-premise massage permit or a massage establishment permit or be a bona-fide employee of the following:

1. Someone who possesses a massage establishment permit; or
2. Someone who possesses a Holistic Health Practitioner Business permit pursuant to Division 44; or
3. Someone who is state licensed (individual) who is exempt pursuant to SDMC 33.3513, e.g., physicians, surgeons, chiropractors, physical therapists, etc. The exempt individual has to be physically present at the location while the massage is administered.

If you are a massage therapist working for any individual or business and you are not on their payroll because you are self-employed or treated as an independent contractor, then you are **not** considered an employee. If you are operating from a fixed location and not an employee of a licensee or exempt individual as stated above, you will need a massage establishment permit. A massage therapist cannot rent space. Any person desiring to engage in off-premise massage must also obtain an off-premise massage business permit. You **cannot** use an off-premise massage permit to operate from a fixed location.

"MASSAGE" - means any method of pressure on, or friction against, or stroking, kneading, rubbing, tapping, pounding, vibrating, or stimulating the external parts of the human body with the hands or other parts of the body, with or without the aid of any mechanical or electrical apparatus or appliances, or with or without supplementary aids such as rubbing alcohol, liniments, antiseptics, oils, powder, creams, lotions, ointments or other similar preparations commonly used in this practice.

"NCBTMB" - means the National Certification Board for Therapeutic Massage and Bodywork. They can be reached at Tel. No.: (800) 296-0664 or at their website: www.ncbtmb.com.

"NCCAOM" - means the National Certification Commission of Acupuncture and Oriental Medicine. They can be reached at Tel. No.: (703) 548-9004 or website: www.nccaom.org.

"State-approved school" - means any school or institution within the United States which is approved by the state in which it resides for the teaching of massage.

INVESTIGATION PERIOD: A thirty (30) day investigation period begins at the time each completed application is submitted. A criminal records check will be made on each applicant.

CHANGE OF EMPLOYMENT: You must notify the Permits and Licensing Unit of any change of employment within fifteen (15) calendar days of changing to the new employer.

RENEWING PERMITS: Permits must be renewed each year (except the Massage Trainee permit, which is valid for two (2) years and is non-renewable.) After the ten (10) day grace period (from the expiration date shown on your permit) you will be assessed a late fee of \$25.00 plus a penalty fee of 10% of the regulatory fee.



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
Telephone No.: (619) 531-2250



APPLICATION

TYPE OF PERMIT: _____

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth: _____ Driver's License/ID #: _____ State: _____

Applicant's Full Name: _____

Other Names Used: (Maiden, Alias, Etc.) _____ Last First Middle Stage Name: _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____ Fax () _____

Internet Web Site Address/Auction Site User Name: _____

Soc. Sec. #: _____ Place of Birth: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Sex: _____

Business Where Applicant Expects to be Employed:

Business Name: _____ D.B.A.: _____

Business Address: _____ City, State, Zip: _____

1. List previous residence addresses for the last five (5) years:

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

FOR OFFICE USE ONLY

App. Date: _____ Permit Number: _____ Received by: _____ ☐ Live Scan Rec: _____

Records Check: _____
Initials/ID #

☐ RI01 ok or _____

Approving PCCO: _____ Date: _____

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. IF NONE, INITIAL HERE: _____

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes () No ()

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

IF NONE, INITIAL HERE: _____

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

APPLICANTS: The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.



Police Permit Application
BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT
1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101

PLEASE COMPLETE ALL SECTIONS IF APPLICABLE
(TYPE OR PRINT LEGIBLY)



TYPE OF PERMIT: _____ LOCATION: _____

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

Business Name: _____ D.B.A. _____

Business Address : _____ City & Zip: _____

Mailing Address: _____ City & Zip: _____

Business Tax Certificate # _____

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

FOR OFFICE USE ONLY

DATE FILED:		
RECEIVED BY:		
DEVELOPMENT SERVICES – ZONING		FIRE & LIFE SAFETY DEPARTMENT
APPROVED BY:		APPROVED BY:
DATE: PHONE:		DATE: PHONE:
APPROVING OFFICER: _____		DATE: _____

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

APPLICANTS: The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises, during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fees. If a renewal is not complete with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant. (Section 33.0308 of the San Diego Municipal Code)

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I AM AWARE THAT THE APPLICATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION I AM APPLYING FOR. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO, OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN

TITLE/POSITION



SAN DIEGO POLICE DEPARTMENT PERMITS AND LICENSING UNIT



MASSAGE

STATEMENT OF UNDERSTANDING – RULES AND REGULATIONS

PLEASE READ CAREFULLY

The massage therapist permit is not a license to operate a massage business. In order to legally perform a massage, you also need an off-premise massage business permit, or massage establishment permit, or be a bona-fide employee of the following:

1. Someone who possesses a massage establishment permit; or
2. Someone who possesses a Holistic Health Practitioner Business permit pursuant to Division 44; or
3. Someone who is a state licensed individual who is exempt pursuant to SDMC 33.3513, e.g., physicians, surgeons, chiropractors, physical therapists, etc. The exempt individual has to be physically present at the location while the massage is administered.

If you are a massage therapist working for any individual or business and you are not on their payroll because you are self-employed or treated as an independent contractor, then you are not considered an employee. If you are operating from a fixed location and not an employee of a licensee or exempt individual as stated above, you will need a massage establishment permit. A massage therapist cannot rent space. Any person desiring to engage in off-premise massage must also obtain an off-premise massage business permit. You cannot use an off-premise massage permit to operate from a fixed location.

Definitions:

"Massage Therapist" - means any person who gives or administers a massage to another person, for any form of consideration whatsoever.

"Massage" - means any method of pressure on, or friction against, or stroking, kneading, rubbing, tapping, pounding, vibrating, or stimulating the external parts of the human body with the hands or other parts of the body, with or without the aid of any mechanical or electrical apparatus or appliances, or with or without supplementary aids such as rubbing alcohol, liniments, antiseptics, oils, powder, creams, lotions, ointments or other similar preparations commonly used in this practice.

"Off-Premise Massage Therapist Business" - means the business of providing massage services by appointment at a location other than premises licensed as a *massage establishment*. It includes *massage therapists* who provide *off-premise massage* services and who are self-employed and/or who contract with or work for a business other than a massage establishment.

"Massage Establishment" - means a fixed place of business where any person engages in massage.

"State-approved school" - means any school or institution within the United States, which is approved by the state in which it resides, for the teaching of massage.

"Particular anatomical areas" - means the pubic region, human genitals, perineum, anal region, and the area of the female breast that includes the areola and the nipple.

The following is only a summary of the regulations. You are responsible for being familiar with and complying with all the rules and regulations related to massage. Copies of the Massage Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Telephone # (619) 533-4000 or via the City's website: www.sannet.gov/ (Department, City Clerk, Documents, Municipal Code), [SDMC Chapter 3, Article 3, Division 35 and Divisions 1-5](#).

Please initial each line:

- _____ 33.0105 - PERMIT DISPLAYED - Each licensee or permittee shall, at all times when requested, exhibit said license or permit to any peace officer or person doing business with the permittee. You should, therefore, have your original massage therapist permit available when conducting massage. Copies are unacceptable. Any permittee engaged in business at a fixed location must also post a copy of their permit in a conspicuous place in the business.
- _____ 33.0308 - RENEWAL RESPONSIBILITY - A permit shall be valid for a period of one year from the date of issuance. It is the responsibility of the permit holder to renew the permit no later than 10 calendar days after the expiration date. Failure to renew on time will result in penalty fees. If a renewal is not completed with all fees and penalties paid within 30 days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease and the permittee must begin the application process as a new applicant. The Police Department is not required to send a renewal notice and the failure to send such notice shall not affect the validity of any late fee or permit expiration.
- _____ 33.0312 - CHANGE OF EMPLOYERS - Massage Therapists and Massage Trainees must notify the Chief of Police in writing of any change of employment within 15 calendar days of changing to the new employer.
- _____ 33.3512 - MASSAGE TRAINEES - A trainee massage therapist permit is only valid for two years from the date of issuance. If a trainee does not obtain a massage therapist or off-premise massage therapist permit within two years, the trainee permit becomes null and void. A trainee permit may not be extended or renewed. The Chief of Police may require proof that a trainee is receiving ongoing instruction during the two-year period. The employer must be on the premises when the trainee provides off-premise massage services. The trainee must comply with all other regulations applicable to massage therapists.
- _____ 33.3513 - EMPLOYEES OF EXEMPT INDIVIDUALS - Any person conducting massage for an exempted class individual must possess a massage therapist permit and shall comply with all massage regulations. A massage technician employed by an exempted class individual must work under the direction and control of that individual who must be physically present at the location where the massage is being administered. A massage therapist cannot rent office space or workspace at an exempt individual's location. The massage therapist must obtain a massage establishment permit.
- _____ 33.3514 (b)-RENEWAL FOR MASSAGE THERAPIST PERMIT - In order to renew a massage therapist or off-premise massage therapist business permit, the permittee must provide proof of twelve hours of continuing education in massage therapy. The continuing education hours must be obtained from a facility or organization approved by the NCBTMB or the NCCAOM, or a state-approved school or any other certification organization recognized by the Chief of Police
- _____ 33.3514 (c)-RENEWAL FOR MASSAGE THERAPIST PERMIT - The permittee must show proof that the permittee's national certification is current. Proof from NCBTMB, NCCAOM, or any other certification organization recognized by the Chief of Police, is sufficient.
- _____ 33.3514 (d)-RENEWAL FOR MASSAGE THERAPIST PERMIT - This section does not apply to off-premise massage business permit holders described in Section 33.3508 (c).
- _____ 33.3515 - EQUIPMENT & CLEANLINESS REQUIREMENTS FOR MASSAGE ESTABLISHMENTS - Establishments must maintain equipment and facilities in a sanitary manner as detailed in Sections 33.3515 (a) through 33.3515(i).
- _____ 33.3517(a) - MASSAGE ESTABLISHMENT HOURS OF OPERATION AND SERVICES- It is unlawful for any person to allow the establishment to be open between 12:00 a.m. and 6:00 a.m. All customers, patrons and visitors must be excluded from the premises during these hours.
- _____ 33.3517(b) - MASSAGE ESTABLISHMENT POSTING OF SERVICES - A list of services available and the cost of such services shall be posted in an open and conspicuous public place on the premises. The services must be described in readily understandable language. No services other than those posted are allowed.

33.3518 - MESSAGE ESTABLISHMENT OPERATING REQUIREMENTS -

- Establishment shall provide patrons clean, sanitary and opaque coverings capable of covering the patron's particular anatomical areas.
- No responsible person shall permit a massage to be given unless the patron is covered by the covering provided by the establishment
- No responsible person shall permit any person in any area, which is used by patrons unless the person's particular anatomical areas are fully covered with an opaque covering.
- No responsible person shall permit any person to massage, or intentionally touch the particular anatomical areas of another person.
- The responsible person and permittee shall insure that patrons are advised of Sections 33.3518 (a)-(e), prior to treatment.

33.3524(a) - COVERING REQUIREMENTS - No massage therapist, while performing any task or service associate with the massage establishment or off-premise massage business, shall be present in any room with another person unless the person's "particular anatomical areas" are fully covered. This subsection does not apply to momentary nudity occurring in bathrooms, shower areas, or dressing or locker rooms.

33.3524(b) - PARTICULAR ANATOMICAL AREAS - No massage therapist, while performing any task for service associated with the business of massage, shall massage or intentionally touch the particular anatomical areas of another person.

33.3524(c) - NAME TAG REQUIRED – While working a massage therapist must wear a nametag containing the therapist's name as it appears on the police permit.

33.3524(d) - SANITARY REQUIREMENTS – It is unlawful to use towels, linens or instruments during the massage that are not in clean or safe condition.

33.3524 (e) - HOURS OF OPERATION - It is unlawful to provide massage services between 12:00 a.m. and 6:00 a.m.

33.3524(f) - ADVISAL REQUIRED - Permittee shall insure that patrons are advised of SDMC Section 33.3524 (a) & (b) prior to treatment. The advisal may be (1) posted in the room where the massage is conducted, or (2) contained in patron intake documents; or (3) posted in any other manner approved by the Chief of Police.

33.3524(g) - OFF-PREMISE PERMITEE RESPONSIBILITY - Any off-premise massage business permittee who hires, dispatches or contracts with other off-premises massage therapists to do off-premise massage is responsible for ensuring that those therapists comply with all applicable regulations. The permittee must also make reasonable efforts to prevent criminal activity. In addition to all other grounds, prostitution by such therapists is grounds for revoking the permit.

33.3525 - CLOTHING REQUIREMENTS - Massage technicians must be fully covered by an opaque material from the base of the neck to a point four (4) inches above the center of the kneecap, excluding the arms. Shorts may be worn if they extend down the leg a minimum of three (3) inches from the crotch.

33.3526 - ADVERTISING REQUIREMENTS - Effective July 1, 2002, all advertising shall include the police permit number in any advertisement of services appearing in any newspaper, telephone directory, printed advertising medium, or electronic media. The reference does not have to contain the words "police permit". "City of San Diego permit number 1111," or similar language, will suffice so long as the correct police permit number is included.

I have read and understand the San Diego Municipal Code requirements listed above. If I have any questions regarding these requirements or my employment in a police regulated occupation, I understand that I may schedule an interview with a representative from the Police Permits & Licensing office.

Sign and Date:

DATE

SIGNATURE

PRINTED NAME

Received by: _____

Live Scan Fingerprint Information

Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

CHULA VISTA

Chula Vista Police Department

315 Fourth Street

Chula Vista, CA 92010

(619) 409-5954

M - F (8am-12pm) **Appointments Only**

M - F (1pm-4pm) **Appointments Only**

www.chulavistapd.org

ESCONDIDO

Escondido Police Department

700 W Grand Ave

Escondido, CA 92025

Contact: (760) 839-4431

M - F (9:00am-3:30pm) **Appointments Only**

LA JOLLA

UCSD Police Department

9500 Gilman Dr #0017

La Jolla, CA 92093

(858) 534-4361 **Appointments Only**

M - F 9am-3pm

LA MESA

La Mesa Police Department (Storefront)

6119 Lake Murray Blvd

La Mesa, CA 91942

(619) 667-1342

M, T, W (10am-4pm) **Appointments/Walk In**

Th, F (9am-3pm) **Appointments/Walk In**

SAN DIEGO

San Diego City Schools Police Services/EOC Bldg

4100 Normal St

San Diego, CA 92103-2682

(619) 725-7015 **Appointments**

(619) 725-7014 (Information)

T - F (8:30am-1pm) **Walk In**

T - F (2pm-4pm) **Appointments Only**

Not open to general public on Monday's

Closed School Holidays

SAN DIEGO

San Diego State University

5500 Campanile Dr

SSE-1410

San Diego, CA 92182

(619) 594-3193

M - F (8am-4pm) **Appointments Only**

SAN DIEGO - LSID X54/ML1

San Diego Community College Police

1536 Frazee Road, 1st Floor

San Diego, CA 92108

Contact: (619) 388-6416

M-Th (7:30am-5pm) **Wlk**

F (7:30am-12 noon) **Wlk**

E-mail address: dpicou@sdcc.edu

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant SubmissionORI: CA 0371100 Type of Application: Permits and Licensing
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

San Diego Police Department

Agency authorized to receive criminal history information

08228

Mail Code (five-digit code assigned by DOJ)

P.O. Box 121431 - MS 735

Street No. Street or PO Box

San DiegoCA92112-1431

City

State

Zip Code

Contact Name (Mandatory for all school submissions)

(619-) 531-2250

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No: _____

Date of Birth: _____

Sex: ☐ Male ☐ FemaleMisc. No. BIL - Applicant to pay

Agency Billing Number

Height: _____

Weight: _____

Misc. Number: _____

Home Address:

Eye Color: _____

Hair Color: _____

Street No.

Street or PO Box

Place of Birth: _____

City, State and Zip Code

Social Security Number: _____

Your Number: _____

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJIf resubmission, list Original ATI
Number: _____

Employer: (Additional response for agencies specified by statute)

Not Applicable

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed